Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			24				Γ	RATE	FEE	ii	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			24 minus 20=			4		X\$ 9=	36	OR	X\$18=	:
INDEPENDENT CLAIMS			ろ minus 3 =		•	φ		X40=		OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=		OR	+270=	
* If	th difference	in column 1 is	ess than zero, enter		"0" in column 2		L	TOTAL	391	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	OTHER SMALL	
AMENDMENT'A		CLAIMS REMAINING AFTER AMENDMENT	·-	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 62	Minus	4	11	= /		X\$ 9=	9.00	OR	X\$18=	
	Independent	NTATION OF MI	Minus	***	4	= 0		X40=		OR.	X80=	8
	rino i Pricoc	NIAHON OF MI	JLI IPLE DE	PENDEN	CLAIM		l)	+135=		OR	+270=	
	, ·			•		A.	ا استام AD	∌ ≸ TOTAL DIT. FEE	900	OR	TOTAL ADDIT. FEE	
	. In the section	(Column 1)		(Colu		(Column 3)						
AMENDMENT BE		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	5.01.4144	-		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
		•						TOTAL			TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	_ AD	DIT. FEE		•	ADDII. FEEI	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	,
	Independent	*	Minus	***		=		X40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ├─			OR		
* If the option of the local than the option of white 407 in options 0										OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pa					er found	in the app	ropriate box	k in co	lumn 1.	

plication or Docket Number